

SECTION IV. 6. Assistive Devices & Home Modifications

A. Definition

1. An “Assistive Device” is defined as an item, whether acquired commercially or off the shelf, which is used to increase, maintain, or improve functional capabilities. Such devices are intended to replace functional abilities lost to the individual because of his or her disability and must be used in performing Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL).
2. A “Home Modification” is defined as a physical adaptation to the home which is necessary to allow safe access to and use of, the individual’s primary living space, bathroom, kitchen, or main exit/entrance to the home.

B. Service Standards

Assistive Devices and Home Modifications must be approved by the Department of Disabilities, Aging and Independent Living (DAIL) and comply with the following:

1. All applicable medical and manufacturing standards.
2. All applicable State and local building codes.

C. Provider Types

The following Case Management provider types are approved to bill for Assistive Devices and Home Modifications when authorized by DAIL and identified on the individual’s Service Plan:

1. Area Agencies on Aging
2. Home Health Agencies (*as defined by State statute*)

D. Approved Items

For all individuals who require Assistive Devices or Home Modifications according to the service definitions, DAIL will automatically approve the following items without prior-authorization. The case manager must submit an Assistive Device & Home Modification form that includes the item(s) being requested and documentation of need.

1. Adaptive eating utensils
2. Adaptive kitchen utensils
3. Adaptive sinks/faucets
4. Adaptive telephones with large numbers

- ~~5. Air conditioner: for individuals with Chronic Obstructive Pulmonary Disease (COPD) **only**.~~ Under certain circumstances, Medicaid will pay for air conditioners. Individuals must apply through the Office of VT Health Access (OVHA) M108 process to request approval for a non-covered item. The M108 forms may be found under Member Services at: <http://ovha.vermont.gov/for-consumers>. Denied requests may be submitted to CFC with a copy of the Medicaid denial, for consideration.
6. Bath/shower chair: with or without transfer bench (*for individuals with dual Medicare/Medicaid coverage **only***)
7. Bed rails/U-bar: for the purpose of transferring and/or bed mobility **only**, **NOT** to be used as a restraint
8. Doorways widened for accessibility
9. Dressing aids
10. Gait belt
11. Grab bars/“Super pole”
12. Hand held shower unit
13. Medication reminder units
14. Raised toilet seat (*for individuals with dual Medicare/Medicaid coverage **only***)
15. Ramp for primary entrance/exit
16. Reacher/grabber
17. Repairs/modifications to items purchased by waiver or “pre-approved items” that were purchased privately
18. Roll-in shower unit
19. Seat lift chairs for the purpose of transferring: purchase of the chair **only** after Medicare/Medicaid pays for lift mechanism (*for individuals with dual Medicare/Medicaid coverage **only***)
20. Shampoo tray for bed bath
21. Walker basket
22. Walker wheels

23. Wander devices: for individuals with dementia *only*

E. Limitations on Assistive Devices and Home Modifications

1. Expenditures for assistive devices and home modifications are limited to a maximum of \$750.00 per calendar year.
2. Only devices that are not otherwise covered by Medicare, Medicaid, or private insurance will be considered.
3. Funds may not be used to purchase assistive devices or home modifications that are not of direct benefit to the individual.
4. Consistent with Centers for Medicare and Medicaid Service's (CMS) constraints on the definition of assistive devices, funds cannot be used to purchase, repair, or otherwise pay for dentures, hearing aids or glasses.
5. DAIL will not approve the following items:
 - a. Appliances (non-adapted)
 - b. Automobiles
 - c. Batteries
 - d. Blood pressure monitors
 - e. Clothing
 - f. Computer/computer software
 - g. Dentures/Dental Care
 - h. Eating utensils (non-adapted)
 - i. Exercise equipment
 - j. Eye glasses
 - k. Fans
 - l. Furniture (non-adapted)
 - m. Golf carts
 - n. Health club memberships
 - o. Hearing aids
 - p. Heating pads
 - q. Home maintenance/repairs/remodeling/new construction
 - r. Hospital bed
 - s. Incontinence supplies
 - t. Kitchen utensils (non-adapted)
 - u. Massage devices
 - v. Mattresses
 - w. Medical supplies
 - x. Medicare and Medicaid covered items
 - y. Medications (prescribed or over-the-counter)
 - z. Modified secondary home entrance/exit
 - aa. Muscle stimulators
 - bb. Nutritional supplements

- cc. Orthotics (prosthetic shoes, lifts, braces)
 - dd. Oxygen equipment
 - ee. Pads/Pillows/Cushions
 - ff. Physical therapy devices
 - gg. Ramp enclosure
 - hh. Repairs/modifications to items purchased by Medicare, Medicaid or private insurance
 - ii. Rolling chairs
 - jj. Scales
 - kk. Scooter/carts for outdoor transportation
 - ll. Secondary ramp
 - mm. Service/support animals
 - nn. Smoke alarms
 - oo. Support hose/stockings
 - pp. Swimming pool accessories
 - qq. Therapies
 - rr. Toothbrushes (non-adapted)
 - ss. Wheelchair reserve/backup
6. Items that do not appear on the above “approved” and “not approved” lists must be “pre-approved” by DAIL. Determinations will be made based on the individual’s unique circumstances as they apply to the current Assistive Devices/Home Modifications definitions, policies and procedures. A denial letter must accompany requests for items generally covered by Medicare, Medicaid, or private insurance.